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TITLE: Translating Research Into Practice: It 's Not a One-Way Street

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ISSUE: Behavioral and social sciences research in controlled settings has significantly informed HIV prevention interventions. Community based organizations (CBOs) often experience challenges implementing and sustaining HIV prevention interventions. Many technology transfer efforts consist primarily of a unidirectional flow of information delivered through packaged training of providers, sometimes even before those interventions have been implemented and sustained by CBOs outside of research protocols. Thus, it is difficult to discern how effective those interventions will be in the long-term and how they can be sustained by CBOs in actual practice and without research support.

SETTING: Agencies and organizations in New York State (NYS) involved in HIV prevention.

PROJECT: Within NYS, we recognize the need for continuous infusion of effective behavioral and social science interventions (B/SSI) into ongoing prevention and care delivery systems. Effective technology transfer (IT), including technical assistance, requires multiple strategies. In order to understand how B/SSI are incorporated into practice at the community level, data were gathered through focus groups of providers held in two regions.

RESULTS: Providers identified barriers, rewards, benefits and resources needed to implement and sustain B/SSI. Providers identified several factors that affect translation from research to practice: 1) incorporating B/SSI into the complex array of daily services, 2) recognition that the B/SSI exist within a larger context placing other demands on CBOs, 3) resources (i. e., person power and other economic/fiscal resources, 4) need for multidirectional TT. Providers learn about B/SSI in various ways including articles, training and networking with others. CBOs have, to some extent, identified what works, often from an intuitive perspective; drawing upon intimate knowledge of communities they serve.

LESSONS LEARNED: Simply packaging the interventions and providing training to CBOs without considering their "real world" circumstances and nuances of implementation will likely not result in sustained interventions. CBOs must be seen as equal partners with researchers in creating and designing interventions. Opportunities need to exist for multidirectional TT, including interactive peer-based technical assistance.

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